



Kansas Health Policy Authority
HITECH All-Stakeholders Meeting Minutes
March 19, 2009
10:00 am – 2:00 pm

Welcome and Opening Remarks – Dr. Robert St. Peter

Kansas Health Institute President Dr. St. Peter opened the meeting and welcomed participants. He advised that the goal for the meeting was to update everyone on current and past activities on health information technology (HIT) and health information exchange (HIE) in Kansas and to inform participants of the competitive funding opportunities available through the American Recovery and Reinvestment Act (ARRA). Dr. St. Peter advised that after the federal government releases more information about the nature of projects that will be funded under the health information technology provisions of ARRA, Kansas will have to move quickly to submit requests and applications for this competitive funding.

Overview of Health Information Technology for Economic and Clinical Health (HITECH) – Dr. Marci Nielsen

Kansas Health Policy Authority Executive Director Dr. Marcia Nielsen offered an overview of Health Information Technology for Economic and Clinical Health (HITECH). She began by emphasizing that the goal of advancing HIT in Kansas is to improve coordination of care across sectors and improve health outcomes. KHPA and KHI brought together various stakeholders from different backgrounds in the hope of working together to educate consumers, policymakers and colleagues about the opportunities available through HIT, and to figure out what the next steps in the application process should be for Kansas. Materials for the meeting were distributed electronically to participants via a list of URLs. This list is available on the Kansas Health Policy Authority's website at:

<http://www.khpa.ks.gov/hite/download/URLsforMarch19Meeting.pdf>

Dr. Nielsen noted that Kansas is further along compared to many other states in HIT preparedness. The HIT provisions within ARRA represent the largest effort to advance HIE of any we have seen in the last 10 years, and success in Kansas will hinge on how well we can work together. It is critical for Kansas to create a coordinated state strategy while working with key stakeholders. Dr. Nielsen's presentation can be viewed at: <http://www.khpa.ks.gov/hite/download/KSHITECHMeeting.pdf>

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Health Information Security and Privacy Collaboration (HISPC) – Dr. Helen Connors

Dr. Helen Connors of the University of Kansas Medical Center offered an overview of Health Information Security and Privacy Collaboration (HISPC). She began by addressing the importance of the HISPC steering committee and reviewed the four stages of HISPC's development.

Dr. Connors noted that the next steps for HISPC III were to seek funding, schedule study sessions, analyze law and regulations using the Comparative Analysis Matrix (CAM), convene stakeholders and work with the E-health Advisory Council and the Legal workgroup to identify changes to lawmakers. The Kansas contribution to the consumer education and engagement collaborative was to participate in the collaborative portion and to do some state-specific things. Kansas developed an inventory matrix, conducted a gap analysis and reviewed inclusion criteria. They also focused on Kansas-specific consumers and did a needs-report and communication plan. The group developed an online toolkit. The Kansas HISPC State of the State report is available on the KHPA website at:

<http://www.khpa.ks.gov/legislative/download/2009Testimony/HISPCCKSSStateReport.pdf> Dr. Connors' presentation can be viewed at: <http://www.khpa.ks.gov/hite/download/HISPCOverview.pdf>

Medical Home Model for Kansas – Dr. Mike Kennedy

Dr. Michael Kennedy of University of Kansas Medical Center gave a presentation about the Medical Home Model for Kansas. He provided an update on Kansas' success in defining a medical home in statute. Dr. Kennedy reminded the group that the critical words for medical home model development are "outcomes" and "prevention". Dr. Kennedy's presentation can be viewed on the KHPA website at:

<http://www.khpa.ks.gov/hite/download/PatientCenteredMedicalHome.pdf>

Dr. Marci Nielsen

Dr. Nielsen advised that the challenge we have in Kansas is figuring out how all of the elements of HITECH fit together. She noted that what happens in rural Kansas is quite different from what happens in Eastern Kansas. The role of the KHPA is to facilitate a conversation regarding how a medical home can work in Kansas for everyone. It's not all about any one provider. It's about how all of us -- providers, health plans, the state (operating as payers), consumers, etc. -- can collaborate on a model that promotes care coordination.

E-Health Advisory Council – Dr. David Cook

Dr. David Cook of University of Kansas Medical Center spoke about the E-Health Advisory Council. He talked about the alignment of telemedicine and telehealth initiatives. He noted that Kansas is a leader in telemedicine. Dr. Cook also talked about Kan-Ed and the fact that we have created a robust broadband infrastructure in the state of Kansas. Because of all of our HIT/HIE stakeholders, we can transform how health care is provided across the state. With prior efforts and the creation of the e-health advisory council, Dr. Cook advised that Kansas is well-positioned to take advantage of upcoming federal stimulus opportunities. Dr. Cook's presentation can be viewed on the KHPA website at:

<http://www.khpa.ks.gov/hite/download/KHPAPresentation.pdf>

Small group brainstorming – Leveraging federal stimulus dollars to better coordinate care in Kansas – Dr. Marci Nielsen

Participants were assigned to 12 groups containing eight to 10 people each. Dr. Nielsen posed three questions for the groups to answer based on how to compete for the ARRA funds: 1. Who is missing (and should be included as part of the Kansas HI TECH effort)? 2. What is missing (in order for us to be successful in this endeavor)? 3. What are three actionable next steps?

Small Group Report Out Synopsis

Who is Missing? (There were representatives from some of these organizations in the audience)

Aggregators
Bankers' association
Behavioral health providers
Case managers
Chamber of Commerce
CMS (Centers for Medicaid & Medicare Services)
Community colleges
Community health centers (free clinics and safety nets)
Consumer groups
Coroner
County health departments
Cultural/religious competency expert
Data stewardship organization
Department of Corrections
Disabled representative
Educators
Elected officials
Employer-based clinics
Employers and other purchasers
Farm Bureau (rural link)
Federal Agencies (DoD, SSA, VA, Army)
Foster care
Gay/lesbian groups
Generic drug retailers
Great Plains Health Alliance
Home care associations
Home health
Hospice
Independent living
Insurance commissioner
IT vendors
Labs
Legislators from healthcare delivery systems as champions
Licensure
Local public health
Medictech (McKesson)
Neighboring states
Non-neighboring states
Nursing association

Nursing homes

Other health care professionals

- Podiatry
- Chiropractic
- Optometrists
- Dental providers
- Pharmacists
- Mid-levels
- Social workers
- Alternative care/ Non-traditional providers
- Allied health

Parents of special needs

Patient navigators

Pharmacy benefit managers

Public transportation

Radiology (national)

Regent universities

Rehab-assisted living

Rehabilitation

Retail medicine

Retirement community

Roadmap people

School nurses

Unemployed

Uninsured/underinsured

Unions

What is missing?

Communication/ Education

Communication/collaboration with neighboring states

Coordination of neighboring states

Coordination/collaboration of existing initiatives

Instruction and requirements

Integrate disparate initiatives

Leadership and teamwork

Provider/physician engagement

HISPC

HIPPA clarifications

Incentives

Education-Stimulus/EHRs

Explore new opportunities in telemedicine reimbursement/expansion/central data coordination

Funding

How to integrate persons get most care and specialists/CMHC

Improve coordination of care

Incentives other than money (implementation support)

Inventory best practices

Practice transformation piece

Workforce education (all levels university, colleges, technical colleges)

RHITEC

Integration of rural care (deliver doctors to patients)
IT workforce in rural environments

Structure

Best practices (open source, COR RHIO, Delaware, Tennessee)
Building on existing efforts
Comprehensive approach/whole system
Computer literacy- user friendly and intuitive (for all stakeholders: physicians/nurses, consumers, and agencies)
E-prescribing to include all medications
Health information exchanges
Infrastructure
Integration of lab and diagnostic testing data
Interoperability
National Patient identifier
National patient index
National standards for compatibility
Resources to link and communicate information sites
Review plan and understand history -
Rural broadband infrastructure to other facilities
Standardization (consent forms, legal health record, agreement-exchange contacts, networks)
Tactical implementation system (ex. Rural)
Transitions-transfer records (need integrated solution, readily available)
Underlying IT infrastructure (ability to Google for med info on pt)
Work flow analysis processes

What are the Actionable Next Steps?

Communication/Education

Assessing provider/physician readiness
Clear charge for everyone
Collaboration with neighboring states
Communication infrastructure
Consumer education
Define who owns medical record
Education (consumer, caregivers, providers, and incentives)
Education process
Environmental scan
Focus how group implements with providers
Get academia involved
Help with vendor selection (avoid snake oil vendors, small provider, CAH)
Identify across the state where white space exists and activities exist (must fill “white space”)
Learn from other states to speed up
List of all HIT initiatives in the state
Make sure everyone on board/buying-in
Medical home/HIT pilot project
Prevention/wellness
Surveys of availability (systems, reporting requirements across all settings)
Tactical strategy
Timeline /Clear deadlines

Transparency and education

HISPC

Develop a plan to bring Kansas law into common standard (align for privacy and security)

Establish uniform patient identifier (federal HIPPA)

Harmonize state privacy laws

Incentives

Add more providers to Kan-ed

Chart to show pots of ARRA money

Coordination of grants leveraging grants received

Financial incentive to gain provider adoption

Fund committees to expand proven projects

Help for small providers (to purchase, implement, and support)

Identification of resources

Leverage existing pilots

Loan reduction for PC (implementing E-office)

Move on legislation already on the floor

Need project management support

Plan for the provider and hospital loan and grant programs

Policies and legislation (medical malpractice for electronic encounters)

Structure for pursuing ARRA funding and applying for grants

Technical assistance for provider exchanges and consumers

Structure

Better integrate previous efforts (e.g. KanEd)

Data standards (technology, data- CCR)

Design systems to be intuitive, interface (HIE to EHR/single sign-on) and provide training (webinar)

E-prescribing to include all medications (technology is more secure than paper)

Identify an authorization model

Inventory /gap assessment of things currently going on

Reform policy to allow a standardized network for HIE –for all health care providers

Statewide clearing house for medical data

Closing Remarks and Next Steps – Dr. Marcia Nielsen

Dr. Nielsen offered the group closing remarks and next steps. She requested that all attendees identify key stakeholders that need to be invited to future meetings and to send to us so we can expand our email list. She asked that individuals read the Kansas HISPC State of the State report and determine if other initiatives in Kansas should be included in the report; this information should be sent to Dr. Helen Connors hconnors@kumc.edu. Finally, she asked participants to volunteer for various work groups via sign-up forms outside the meeting, specifically the Kansas “standards” team, the Kansas HISPC team, the Kansas “grants” team (both private sector, and Medicaid), and the Kansas “incentives” team. Meeting participants were then informed that they would receive an email with the list of meeting attendees, power-point presentations, and information on “next steps”. Additional meetings will be scheduled after the legislature recesses.